

Atty Docket No.: BGN-A054RCE2

Inventor: Jeffrey L. BROWNING *et al.*

Application No.: 09/767,370-Conf. #2716

Filing Date: January 23, 2001

Title: Method For The High Level Expression of Active Lymphotoxin-Beta Receptor Immunoglobulin Chimeric Proteins and Their Purification

Documents Filed:

Transmittal (1 page)

Fee Transmittal (1 page in duplicate)

Notice of Appeal (1 page)

Petition for Extension of Time (1 page)

Charge \$1,560.00 to deposit account 12-0080

This Return Receipt Postcard

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Sender's Initials: CHC/AHF/ker

Date: December 11, 2007



NO POSTAGE STAMP NECESSARY
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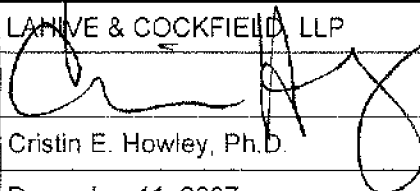
LAHIVE & COCKFIELD, LLP
ONE POST OFFICE SQUARE
BOSTON, MA 02109-2127

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	09/767,370-Conf. #2716
		Filing Date	January 23, 2001
		First Named Inventor	Jeffrey L. BROWNING
		Art Unit	1643
		Examiner Name	C. H. Yaen
Total Number of Pages in This Submission		Attorney Docket Number	BGN-A054RCE2

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure: Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LANE & COCKFIELD LLP		
Signature			
Printed name	Cristin E. Howley, Ph.D.		
Date	December 11, 2007	Reg. No.	55,281

<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/767,370-Conf. #2716
		Filing Date	January 23, 2001
		First Named Inventor	Jeffrey L. BROWNING
		Examiner Name	C. H. Yaen
		Art Unit	1643
TOTAL AMOUNT OF PAYMENT		(\$)	1,560.00
		Attorney Docket No.	BGN-A054RCE2

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 12-0080
 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 _____ _____ _____ _____ **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ _____ _____ _____
 HP = highest number of independent claims paid for, if greater than 3.

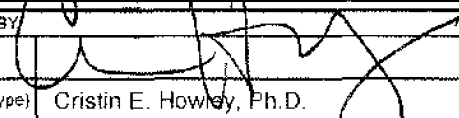
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,050.00
1401 Notice of appeal	510.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	55,281
Name (Print/Type)	Cristin E. Howley, Ph.D.	Telephone	(617) 994-0796
		Date	December 11, 2007

Express Mail Label No. EV 957869959 US Dated: December 11, 2007
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b style="font-size: 1.2em;">FEE TRANSMITTAL <b style="font-size: 1.1em;">For FY 2008		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/767,370-Conf. #2716
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		Art Unit	1643
TOTAL AMOUNT OF PAYMENT (\$) 1,560.00		Attorney Docket No.	BGN-A054RCE2

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 ☐ Credit Card
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 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 12-0080
 Deposit Account Name: Lahive & Cockfield, LLP

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 ☐ Charge fee(s) indicated below, except for the filing fee

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Total Claims: _____
 Extra Claims: _____
 Fee (\$): _____
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_____	_____	_____	_____	_____

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SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	55,281	Telephone (617) 994-0796
Name (Print/Type)	Cristin E. Howley, Ph.D.		Date December 11, 2007